State of NH, Bureau of EMS Field Bridge License Request and Agreement

Date:		
Service Requesting Field Bridge License:		
Service Name:		NH License #:
Head of Service Name:		
Billing Information: Name of Contact for Billing:		Title:
Billing Street Address/PO Box:		
Billing City :	State:	_ Zip:
Billing Phone Number: (
Service contact for Field Bridge administration	ı, download aı	nd technical support:
Contact Name:	-	Title:
Contact Email Address:		
license for Field Bridge software, created by Image Trend, In (here-in-after "Service"). This license will be issued to the Se Software License only. Each Field Bridge license may only be will be able to continue to use the Field Bridge license provided. 1. The Service will maintain their annual software main cover technical support and setup help provided directly Service, and include any updates created by Image. 2. The Service agrees to maintain their Field Bridge very the software available through Image Trend, Inc. 3. The Service agrees to post all Emergency Medical Service Bridge score of 95%, or greater, once posted in the Service. The BEMS reserves the right to repossess the Field Bridge Service fail to meet any of the agreement requirements.	ervice for no cost to be installed on one ded they meet the name of the settly through Imag. Trend for the Fielersion of the software. All Incident References Incident Incide	to the Service for the Field Bridge e computer at a time. The Service following requirements: I Image Trend, Inc. These fees ge Trend technical support to the d Bridge software. are at the most current version of Reports captured through their ports will have a minimum validity
Field Bridge license. Service agrees to have Image Trend, lupdate when version updates become available through Image Service Signature:	nc automatically s	
Head of Service Name:		
Head of Service Signature:		Date://
Bureau of EMS Approval and Signature: Research and Quality Management Coordinator: I		-
BEMS RQM Signature:		/ Date://